

Department of Justice
Montana Highway Patrol
2550 Prospect Ave., Helena, MT 59620
(406) 444-3278
CRASH RELEASE FORM

Who may receive a copy of a crash report as per 61-7-114 MCA:

Reports by Individuals (you filled out the report yourself) may be released only to the person who submitted the report or by someone designated in writing by that person.

Reports by an officer may be released to the following individuals:

- a. Any person named on the report (including companies, businesses, etc.)
- b. Any driver, passenger or pedestrian involved in the crash, or any person whose property was damaged in the crash.
- c. A party to a civil action arising from the crash.
- d. If the person is deceased, his executor or administrator or the attorney representing his executive or administrator **designated in writing**.
- e. Anyone **designated in writing** by persons in categories a. and b.
- f. Any insurance carrier for categories a. and b. Insurance carrier includes, life, health, auto and workers compensation carriers.

If you fall into one of the above categories, complete the remainder of the form and mail it with a **\$2.00 non-refundable** search fee to the address at the top of this form. Requests are generally processed in 10 to 14 days from date of crash.

Type of report requested (check one):

_____ Completed by an Officer Officer's Name and/or ID _____
_____ Crash Number _____

_____ White Form Completed by Yourself---Cannot be released to **anyone** without your signature!

Crash Identification:

Fatality Involved Yes ☐
No ☐

Crash Date _____ County _____ Nearest City _____

Crash Location (highway, street, milepost, etc.) _____

Names of Drivers Involved (please print or type)

First

Middle

Last

1 _____

2 _____

3 _____

You are (check one or more):

_____ Driver _____ Passenger _____ Pedestrian _____ Owner of Vehicle - **Not a Driver**

_____ Owner of Property Damaged in the Crash. Identify the property _____

Which person or company named on the report are you representing? _____

Authorization:

I certify that I am an appropriate recipient of the report being requested as per 61-7-114 MCA.

Signature/Date _____

Send the report to:

Name _____

Address _____

Daytime Phone _____

FAX _____

Search results (for records bureau use only):

- _____ Search Made
- _____ No fee enclosed with request, please enclose fee and return.
- _____ No report located with given information. Additional information needed.
- _____ No officers report available, contact officer at scene.
- _____ Must obtain signature from individual named on report and return.
- _____ Need a signature from person ordering report and return.